

The Second Half of Life: Growing Older

The Young-Old Years

Today, approximately 13 percent of Americans are age 65 and over, and this is the fastest-growing segment of the population. By the year 2030, people 65 and over are expected to represent nearly 22 percent of the total population. This factor alone indicates a strong need to understand the growth, development, and changes that occur in the later years.

The Definition of Old Age

When is a person defined as *old*? There is no one correct answer to that question. *Old* may be defined in terms of:

Chronological age—a view that people are old at a certain age, usually 65.

Legal and economic bases—a view supported by mandatory retirement laws, changes in income tax deductions, and Social Security requirements.

Physical/health changes—a view based on changes in physical appearance, ability to hear and see, and overall health.

Organic changes—a view that focuses on behaviors like forgetfulness, slower reaction times, and altered sleep patterns.

Ideas, concepts and reactions to others—a view based on stereotypes of old people being conservative, hostile, irritable, and resistant to change.

Social roles—a view that one is old when one is retired, lives in a care facility, or is a grandparent.

The fact that there are so many approaches to defining old age indicates that it is a life stage that can be understood in a number of ways. Yet, it is often viewed as a single stage of life, and all persons defined as *old*, *elderly*, *aged*, *senior citizen*, *golden age* or *older American* are viewed in the same way.

Older adults, however, are far more different from one another

than younger ones. That is, to compare someone who is 95 years old to someone who is 65 is not unlike comparing a 5-year old to a 35-year old, or a 35-year-old to a 65-year-old. The changes in 30 years at the end of life are as great, if not greater, than changes in the same time span at other ages.

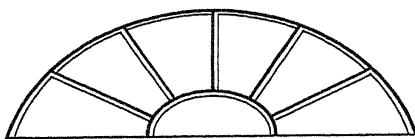
The diversity among people over age 65 has led to dividing them into at least two groups: the young-old and the old-old. As people are living longer and longer, a third group—the oldest-old—has been referred to also. The focus here is primarily on the *young-old years*, but does include some information on physical changes in the old-old years.

Who Are the Young-Old?

The young-old range in age from 55 to 65 on the lower end through age 74 on the upper end. Generally, late adulthood is designated as starting at around age 65. The five to ten years before are often considered a transition time between the middle years and late adulthood.

The young-old today are generally happier, healthier, and financially better off than previous generations in this age group. They tend to resemble middle-aged adults more than they do old-old people. For example, most people between 65 and 75 are in quite good health, as are most people in their middle years. They may show some evidence of decreased abilities but, in general, still function very well. The young-old need little more community support than do the middle-aged.





Normal Aging Changes in the Later Years

The normal aging process for individuals begins at about age 30, continues through middle age, and accelerates into the later years. Even so, there is a great deal of variation in the rates at which individuals experience physical decline and death.

As people grow older, it becomes increasingly difficult to distinguish the deterioration of old age from the deterioration of disease. It is common for an elderly person to dismiss a physical complaint with, "Oh, it's just old age" or "I must be getting old." Sometimes it's not just old age, but an illness that is treatable. For this reason, it is important to become familiar with the normal physical and psychological changes that occur in the later years.

Changes in appearance

The changes in appearance that begin to be evident in the middle years progress throughout later life. The skin becomes more wrinkled and dry, less elastic, and thinner. In very old age, the skin may take on the criss-cross look of soft, crumpled paper.

Blemishes, in a range of colors, appear: liver or age spots, moles, and poorly healed cuts and scrapes. Bruises also become more prevalent as blood vessels become increasingly fragile and break more easily. Senile warts may appear on the trunk, face and scalp.

Hair continues to become grayer, finer and scantier—both on the head and the body. This may be most traumatic for women, especially if they appear to be balding. Elderly women are also troubled by a



substantial growth of chin hair, which may even require shaving.

For some individuals, the most pronounced change in physical appearance in later life is the postural slump or stoop. The head is held slightly in front of the rest of the body, the upper limbs are often bent, and the shoulders are more rounded and rolled forward. These changes are generally more pronounced in women. This slumping condition, in addition to alterations in the bones and vertebrae, contributes to the decline in height that occurs with age. People become shorter by as much as 2 to 3 inches as they move through life.

Changes in vision

Throughout later life, alterations in the lens of the eye that began in middle age proceed. A second set of changes also occurs, affecting the retina. Vision becomes increasingly blurred and fuzzy, and the ability to distinguish colors declines further.

The ability to distinguish colors declines particularly fast after age 70. Blues, greens and purples are increasingly difficult to tell apart. By one's 90s, the ability to distinguish reds and oranges may also be lost and everything takes on a yellowish cast. These changes may be caused by alterations in the smaller blood vessels (*arteriosclerosis*) as well as yellowing of the lens. Changes in the lens also result in decreased accommodation—the ability to adjust near and far focus—that contributes to the increased number of falls experienced by the elderly.

By their 70s and 80s, many require glasses for most situations. However, deterioration of the retina in very old age may make it difficult to improve vision even with the best glasses and eye care.

Glaucoma and *cataracts* are two eye diseases that occur frequently in old age. Yet, these are *not* normal changes of old age and need to be recognized and treated promptly.

Because of all these changes, it makes good sense to color-code tools and medications for the elderly in red or yellow, to provide more illumination, and to eliminate glare. The use of larger letters and numbers is also in order.

Changes in hearing

As with visual changes, the auditory changes of the middle years progress through later life. Among adults over age 65, 13 percent suffer severe *presbycusis* (permanent hearing loss) and require professional help for their hearing difficulties.

The initial loss of hearing in the high frequency ranges extends to the lower registers and begins to interfere with everyday communication. In its advanced stages, *presbycusis* affects one's ability to perceive and understand speech, a condition

aggravated under stressful circumstances (for example, fast speech, and the overlapping or interruption of words).

Presbycusis can also amplify loud noises and create a ringing in the ears.

The loss of hearing is stressful. Talking becomes hard work—it is simpler to just withdraw. Friends and family may begin to stay away, as it is equally hard work to talk with someone who has a hearing loss. Life becomes more restricted as one is cut off from much that is interesting and exciting.

Misperceptions and garbled messages encourage suspicions. A few hard-of-hearing people become paranoid. Isolation, loneliness, and depression are too often the lot of elderly with moderate to severe hearing loss. Removal of wax accumulation in the outer ear canal may help reduce hearing problems. This removal should only be done by health care professionals. Also, hearing aids can usually help correct a hearing loss, but only when they are carefully adjusted to the particular hearing deficits. A poorly selected hearing aid may simply increase the noise.

Several techniques can improve communication with people suffering a hearing loss. These include:

1. Speak slowly and pronounce words carefully.
2. Avoid unfamiliar words (such as slang).
3. Avoid distracting background sounds.
4. Speak a little louder than usual.
5. Have a listener look at you to focus attention and minimize distraction.

Changes in skeletal structure

The shape of the skeleton and condition of the bones change gradually throughout life, but more rapidly during the later years. The skeletal weight of men and women declines with age as bones lose calcium and become hollow. This hollowness results in weak, brittle bones, increasing the risk of fractures and breaks. Vertebral discs become thinner, and height changes may occur as vertebrae collapse.

Bones become more porous and in some cases appear moth-eaten. Some porousness is considered a normal part of aging, but in extreme cases senile *osteoporosis* may be diagnosed. The exact point at which normal bone loss becomes osteoporosis is unclear.

These skeletal changes are not completely understood, but causes include hormonal changes,



decreased exercise, and limited calcium absorbed from food. Preventable risk factors associated with osteoporosis include cigarette smoking, heavy alcohol intake, and inadequate calcium intake.

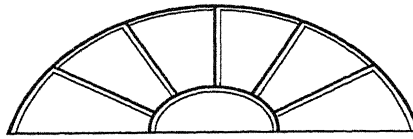
Loss of bone mass is inevitable, but generally less severe for men than women and for those with large bone structure. It is also much less a problem among black women than white women. In addition, bone growth continues throughout life. This is most apparent in the face and head. The nose becomes a bit broader and longer and the skull becomes slightly larger. Rib and leg bones increase in diameter even as they are losing mass and becoming weaker.

Changes in the cardiovascular system

Age differences in cardiac function become quite apparent in later life. Although the cardiovascular problems of middle age are often arterial, in later adulthood the heart muscle begins to show changes. It becomes thicker, stiffer, weaker, and has more fat tissue. The valves are thicker and less flexible. These changes decrease the effectiveness of the heart, but it can still meet normal needs.

The likelihood of having high blood pressure increases with advancing age. This is due to the continuing stiffening and thickening of arteries and blood vessels. Although increasing blood pressure is common with advanced age, it can nevertheless contribute to death. High blood pressure can be kept at a safe level with exercise and weight control. For some, medical treatment may also be necessary.





Changes in the respiratory system

The lungs, like the heart, are constantly at work; however, they seem to show more effects from this ceaseless wear than does the heart. The lungs are stiffer and more difficult to inflate and the chest wall hardens with age. The air sacs within the lungs become frayed and less effective. It becomes harder to take a deep breath and less air reaches the inner lung with a normal breath. Shortness of breath is a common complaint among older people.

Although the healthy aging lung is able to meet the demands placed on it, it is extremely susceptible to infections such as pneumonia and influenza. Immunizations for pneumonia and bacterial influenza are *very important* for the elderly to have.

Changes in the digestive system

The digestive system, or *gastrointestinal tract*, extends from the mouth to the anus and includes the esophagus, stomach, small intestine, large intestine, liver, pancreas and gall bladder. This system performs surprisingly well, even in old age, but a few problems are common:

- An older person's natural teeth may be in poor shape. This makes food hard to chew. Those who wear dentures will find that they are not nearly as efficient as natural teeth. These factors put an extra burden on the esophagus and swallowing difficulties may result.
- The secretion of saliva slows, which can contribute to difficulties in swallowing. The mouth and tongue become dry and halitosis (bad breath) may become a problem.
- The muscles of the esophagus are less efficient. Food takes longer to get to the stomach and may

even get stuck midway. The risk of choking is greatly increased, especially when an elderly person attempts to eat lying down or leaning back.

Age changes that occur in the stomach do not usually impair digestion but may give rise to intestinal diseases in the elderly. The stomach cells that produce acid are less active in some people, increasing the risk of stomach cancer. The pancreas produces less useful insulin and, thus, many elderly people have an elevated blood sugar level. Gallstones may be a problem, especially for people over age 70. The intestines may develop small outpouches, or *diverticulae*. If these become infected, *diverticulitis* results.

Perhaps the most common complaint among elderly is *chronic constipation*. Constipation is the passage of hard, dry stools. People susceptible to constipation should increase fiber in their diets by eating more bran cereals, apples, and celery. Other recommendations are to drink two to four extra glasses of water per day, especially in the morning; get regular exercise; and avoid laxatives if possible.

As people reach their 80s and 90s, a more embarrassing problem may occur—*loss of bowel control*. The sphincter muscle around the anus may be weak and stool may be released during “mental lapses.”

Changes in the kidneys and bladder

The kidneys cleanse the bloodstream and maintain a constant fluid volume in the body. With age, the kidneys get smaller, filter less blood, and are less able to remove waste material efficiently. This is usually not a problem unless illness is present.

The aging kidney is less able to keep necessary water in the body, so dehydration can be a problem—especially if fluid is lost through diarrhea or fever. In addition, many medications are removed from the body by the kidneys. Since the aging kidney does that job poorly, an older individual who continues to take the normal dose of a medication may have it gradually collect in the body. Some unexplained complaints of the elderly may be from excessive medication in the blood.

The aging bladder is less expandable and sensitive to being full, does not always empty completely, and gives less warning before starting to contract. Women tend to have more problems because structures controlling urine flow may have stretched and weakened during pregnancy.

For 90 percent of men, the prostate gland, which surrounds the tube that empties the bladder (the *urethra*), enlarges with age. It can gradually squeeze the urethra shut, causing the bladder to empty with difficulty. For a number of men, this condition must be treated surgically.

Changes in sleep patterns

Older persons sleep less and sleep less soundly, awakening briefly but frequently throughout the night. Consequently, they may find themselves napping during the day. These behaviors are perfectly normal as long as the older person feels rested for most of the day—his or her sleep is probably adequate.

Changes in behavior

Aging, *per se*, does *not* cause severe psychological changes. People do *not* become mentally dull, rigid, crabby, opinionated, dependent, depressed, withdrawn and so forth just because they become elderly. Senility, or dementia, is not a normal aging process. The reason for severe changes in thinking, memory and personality in later life is usually illness, social impairments, or inadequate living conditions.

Behavior changes caused by poor health. If an elder person shows memory loss, becomes unusually apathetic or simply doesn't seem as sharp as before, be suspicious. This is especially true if the changes occurred over weeks and months rather than years.

Consider these changes a warning something may be wrong physically. High blood pressure, high or low blood sugar, changes in blood minerals, stroke, a "silent" heart attack or "silent" pneumonia, and many other physical abnormalities can cause an older person to think or act differently.

Behavior changes caused by mental illness or social isolation. A serious psychiatric illness can impair an individual's ability to look competent and

alert. While some psychiatric conditions reflect irreversible physical changes in the brain, many others can be rapidly reversed with treatment. Depression, anxiety disorders, emotional losses and even moderate life stresses can produce serious but treatable psychological changes.

Social isolation—empty lives—can cause older persons to become dull, slow and vague. The limited stimulation and poor nutrition that poverty brings can result in mental deterioration. Elderly people who live in active and stimulating environments, maintaining close family and community ties, frequently show little of the decline seen in those less fortunate.

Behavior changes that are normal. Some major changes are to be expected as an individual moves into the old-old years. Changes in intelligence, memory, ability to learn new things, motivation and personality generally begin in the 70s or early 80s. There are a few amazing individuals who show little decline until their 90s. Again, if a person is clearly going downhill intellectually or emotionally, assume that something is amiss physically, mentally or socially until proven otherwise.

The Developmental Tasks of the Young-Old Years

There are several major developmental tasks that must be faced, one way or another, in late life. The ones presented here are those most likely to occur in the young-old years.

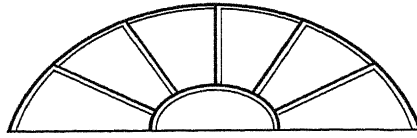
Adjusting to retirement and reduced income

Retirement, the end of full-time work, is a major marker in the lives of most men and women. It is viewed by many as the most crucial life change to which older people must adjust. Individuals who have been compelled to work, who view work as an end in itself, will find retirement most traumatic.

Retired people can expect to have independent management of their time and other resources. They are expected to manage their own lives, live within their incomes and remain independent. Otherwise, the retiree's role is rather vague. This allows people the flexibility to adjust, to develop a new pattern of life, and to find new interests and commitments. For some people, however, the lack of structure and decrease in responsibilities is overwhelming. Retirement *ends* when grave disabilities begin and dependency increases.

Income is generally reduced after retirement. Adjusting to this is a *sudden* task that may require giving up some favorite activities that have





become too expensive. The leading hurdle to a satisfactory adjustment to retirement is lack of money.

Learning to use leisure time

In a society that has traditionally valued hard work, many older adults have not learned to enjoy themselves or to see leisure as valuable. For people who have not engaged in leisure activities in their young years, retirement may be an especially difficult time.

There are three conditions that must exist before leisure activities can be viewed as appropriate, valuable behaviors. The first is economic—people must have adequate funds free to spend on leisure. The second condition is the development of a true leisure ethic in a work-oriented culture. For the individual, leisure activities must be viewed as a source of identity and contribution to self. The third condition is education for leisure. This cannot begin in adulthood if much is to be accomplished. People have to learn positive attitudes toward leisure and the skills necessary to use time in fulfilling ways.

Establishing an explicit association with one's age group

In recent years more and more older people appear to identify as a member of a group defined by age. As part of their "explicit association" with their new age group, the young-old may join a political action group (for example, the Silver Haired Legislators) or a social-recreational group (for example, a travel club). This increases their sense of identification with other elderly.

For some, being socialized to the age role of *senior citizen* is perceived as a step down in status and power. These individuals may refer to themselves

as middle-aged into their 60s and even 70s.

Staying physically healthy and adjusting to limitations

Staying healthy becomes more difficult as people age if good health habits were not practiced earlier in life. It is never too late, however, to change poor health habits and to "practice" preventive medicine, that is, getting regular medical and dental checkups, and paying close attention to such potential health problems as high blood pressure. Many illnesses in the later years develop into chronic problems because of neglect, not because of aging.

Even for those who remain relatively healthy, physical changes that occur with aging create certain limitations. Some individuals will need to decrease or stop certain activities, replacing them with new ones.

Establishing satisfactory living arrangements

Older people must find a place to live that satisfies their needs. The total *context for living* must be considered, including physical characteristics of their housing, the interpersonal and social environment, characteristics of the surrounding neighborhood, and the availability and convenience of services.

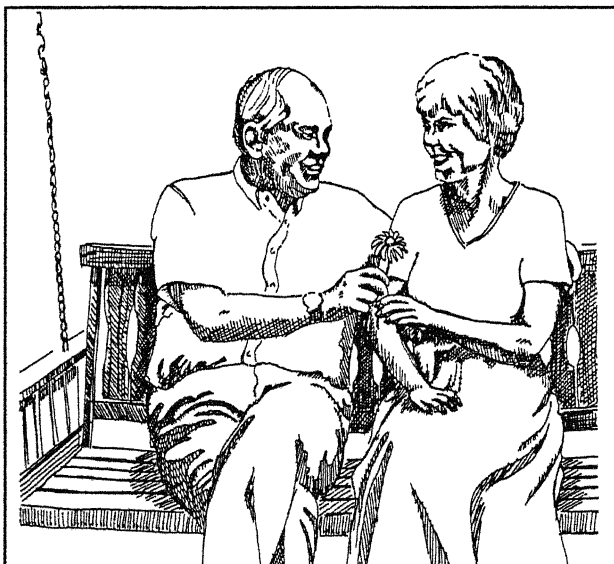
Older people tend to have very low rates of residential mobility. Relocation is stressful, disrupting personal routines and social networks. The decision to move is often based on several factors: location of children; changes in physical strength and health; availability of friends or social peers; and the desire for a better living environment. An overriding consideration is being able to maintain their independence as long as possible.

Establishing new roles in the family

Several events bring about the adjustment of old family roles and the onset of new roles. Children may marry or move away. Grandchildren, or perhaps great-grandchildren, arrive. Retirement, the death of a spouse, or increasing dependency on children also affect family roles. All of these circumstances require adjustments and a realignment of family roles and responsibilities.

Conclusion

Some individuals may continue to define themselves as middle-aged during the young-old years. Others begin to view themselves as elder adults as they are confronted with developmental tasks and physical changes associated with being elderly. However, all persons must approach old age in a manner that is right and consistent for them in order to feel satisfied. This contributes to successful aging.



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